

APPLICATION FOR COMPASSIONATE ACTIONS <small>For use of this form, see AR 614-200; the proponent agency is DCS, G-1.</small>					
DATA REQUIRED BY THE PRIVACY ACT OF 1974					
AUTHORITY:		Title 5, USC, Section 301.			
PRINCIPAL PURPOSE:		To determine eligibility for compassionate action.			
ROUTINE USES:		Information may be referred to appropriate authorities to determine if compassionate action can be approved.			
DISCLOSURE:		Disclosure is voluntary. Failure to furnish information requested may result in denial of request for compassionate action.			
FORWARD APPLICATION TO HQDA (TAPC-EPC-S). SUBMIT ONE COPY ONLY. The soldier is advised that if this request for compassionate action is approved, he/she may be assigned to duties in other than PMOS; further, a waiver of any enlistment/reenlistment commitment must be accomplished (AR 601-210, chapter 8 and AR 601-280, chapter 4). If submitted by soldier on leave, DDALV or in attached status, a copy of DA Form 31 or orders must be included with this request.					
1. I REQUEST: <input checked="" type="checkbox"/> a. REASSIGNMENT TO <u>Fort Bragg, NC</u> <input type="checkbox"/> b. DEFERMENT OF _____ DAYS FROM ORDERS TO _____ <input type="checkbox"/> c. DELETION FROM ORDERS TO _____ <input type="checkbox"/> d. PERMISSIVE ATTACHMENT OF _____ DAYS AT _____ EFFECTIVE _____					
2. NAME (Last, First, MI) Clemente, Roberto		3. SSN 000-00-0000	4. RANK SFC	5. PRO-PAY CATEGORY N/A	
6. ENL COMMITMENT Indefinite	7. PMOS 75H40	8. SMOS 71L40	9. LATEST PCS 3 Sep 98		
10. CURRENT STATUS	<input checked="" type="checkbox"/> DUTY	11a. ASG/ATCH UNIT HHC, 109th Inf Bn Ft. Lewis, WA 00000	11b. PHONE NO. Comm (000) 000-0000 DSN 000-0000		
<input type="checkbox"/> ORDINARY LEAVE	<input type="checkbox"/> ATCH				
<input type="checkbox"/> EMERGENCY LEAVE	<input type="checkbox"/> DDALV				
12. DEROS N/A	13. DROS 4 Aug 83	14. MARITAL STATUS Married	15. DATE OF MARRIAGE 11 Nov 95		
16a. NAME OF SPOUSE Beryl Clemente		16b. AGE 35	16c. PRESENT ADDRESS OF SPOUSE 1814 Jackson Street, George, WA 0000		
17. BASD 9 Nov 83	18. PEBD 9 Nov 83	19. ETS 15 Oct 04	20. HOME PHONE NO. (Include area code) (000) 000-0000		
21. AUTHORIZED FAMILY MEMBERS, CHILDREN OR OTHERS AUTHORIZED AS FAMILY MEMBERS IAW AR 640-3.					
NAME		AGE	RELATIONSHIP	ADDRESS	
Joseph Clemente		4	Son	Same as item 16c.	
22a. PARENTS (To be completed by all soldiers. Indicate if parents are deceased.)					
NAME		AGE	ADDRESS	MONTHLY INCOME	HEALTH
FATHER: Deceased					
MOTHER: Juliet Clemente		60	1462 Waycross Street Highpoint, NC 0000	\$400	Poor
FATHER-IN-LAW: Deceased					
MOTHER-IN-LAW: Deceased					

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Figure 5-2. Sample of a Completed DA Form 3739

22b. THIS REQUEST IS BASED ON LOCO PARENTIS. I RESIDED WITH THE FOLLOWING PERSONS FROM _____ (Month/Year) TO: _____ (Month/Year)				
NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH

23. SOLDIER'S BROTHERS AND SISTERS WHETHER LIVING AT HOME OR ELSEWHERE AND OTHER MEMBERS OF FAMILY. (include brothers/sisters-in-law, if request is based on in-law problems.)

NAME	AGE	RELATIONSHIP	ADDRESS	OCCUPATION	MONTHLY INCOME

24. HAS SOLDIER SUBMITTED ANY PREVIOUS REQUESTS FOR COMPASSIONATE ACTION?
☐ YES ☒ NO IF YES, INCLUDE DATE SUBMITTED, CIRCUMSTANCES PROMPTING THE REQUEST, AND FINAL DECISION.

25. GIVE REASONS FOR REQUESTING COMPASSIONATE ACTION (If illness or injury is involved, attach statement from attending physician, IAW AR 614-200, chapter 5.)

Mother has had a heart attack. The diagnosis is blockage of the Arteries. The prognosis for recovery is poor. Life expectancy is one year or less.

26. WHAT ATTEMPTS HAVE BEEN MADE BY SOLDIER TO REMEDY THE CONDITIONS OTHER THAN APPLYING FOR A COMPASSIONATE ACTION?

Leave to assist, financial support, etc.

27. REMARKS

28a. I have been interviewed by a commissioned officer and have been advised that false statements on this application will constitute a violation of the UCMJ 1951 (as amended) and may subject me to a trial by court-martial.

b. SIGNATURE OF APPLICANT	c. DATE

29a. I certify that the information on the request for compassionate action contained herein
☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL

b. TYPED OR PRINTED NAME OF COMMANDER/AUTHORIZED REPRESENTATIVE	c. SIGNATURE	d. DATE
Donald D. McAlluff CPT, TC, PERS OFCR		15 MAR 00

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Figure 5-2. Sample of a Completed DA Form 3739-Continued